2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 05, 2006 8:00 am Secretary of State

DOCUMENT # P04000120051 1. Entity Name MARTIN CNC, INC.					Secretary of State 04-05-2006 90139 011 ***150.00					
Principal Plac	e of Business	Mailing Address			r *					
3926 OVERL	OOK DR NE Rg, Fl 33703 us	3926 OVERLOOK DR NE ST PETERBURG, FL 33703	3 US							
STILIERDO	NO. 12 33703 03	STIETEROONG, IE 3370.	3 (13		1 28 BRURE 111 PE	M)	WI CIWIN CIUCI MUNI	WEID1 BUIEL 116	(20) II (80)	
Principal Place of Business 3. Mailing Address										
37200	Royal Oak Road	37200 Roya	1 Oak &	2 rul	y (Switmat ii) wa	III AIGUI NEHI ANUI BEI		EZIOL BIJEL IJO	CE ! E#	
Suite, Apt.	#, etc. *	Suite, Apt. #, etc.		ŀ	03272006	Chg-P	CR2E03	4 (11/05)		
City & Stat	° 10 1 5	City & State	1. =	-,	4. FEI Number				plied For	
Zip	Country Country	Truitland far	Country/	<u> </u>	20-1520-			No 8.75 Add	t Applicable	
3473	1 US	34731	US		5. Certificate of	Status Desired		ee Required		
	6. Name and Address of Current Re	gistered Agent	Name		7. Name and A	ddress of New F	Registered A	ent	···	
JAMES ACCOUNTING & TAX SERVICE, INC.										
2942 49TH ST N ST PETERSBURG, FL 33710				Street Address (P.O. Box Number is Not Acceptable)						
0112121	(ODO) (O, 1 L. OO) (O									
			City				FL	Zip Code	9	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.					00 May Be ed to Fees					
		1								
10.	OFFICERS AND DI	L RECTORS	11.		ADDITIONS/C	HANGES TO OFF				
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

hota 4

4-2-06